

Amendment Under 37 C.F.R. § 1.116 Group Art Unit 2616, Expedited Procedure

00169.001658

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re A	pplication of:)			
JULIE	RAE KOWALD	: Examiner: Christopher O. Onua)			
Appln. No.: 09/543,330		;	Art Unit: 2616		
Filed:	April 5, 2000	;) ;			
For:	AUTOMATED VISUAL IMAGE EDITING SYSTEM)	April 13, 2005		

Mail Stop AF The Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action dated January 13, 2005, please amend the above-identified application as follows pursuant to 37 C.F.R. § 1.116. The claims changes are reflected in the listing that begins at page 2, and the Remarks begin at page 22.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

April 13, 2005
(Date of Deposit)

RAYMOND A. DIPERNA (Reg. No. 44,063)

(Name of Attorney for Applicants)

April 13, 2005
Date of Signature





AF 2414

RESPONSE UNDER37 C.F.R. § 1.116 EXPEDITED PROCEDURE ART UNIT 2616

In re Application of:

Docket No. 00169.001658.

Examiner: Christopher O. Onuaku

JULIE RAE KOWALD

Application No.: 09/543,330

Filed: April 5, 2000 Group Art Unit: 2616

For: AUTOMATED VISUAL IMAGE

EDITING SYSTEM Date: April 13, 2005

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 67	MINUS	** 87	= 0	x \$25 \$50	\$0
INDEP. CLAIMS	* 6	MINUS	***	= 0	x \$100 \$200	\$0
Fee for Multiple Dependent claims \$180°/\$360					\$0	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0	

^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

***	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. °Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for amonth extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,

Raymond A. DiPerna

Attorney for Applicant Registration No. 44,063

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